



**Milwaukee**

# **TEMPORARY CLASS "D" BARTENDER** **APPLICATION**

CCL-110E (12/03)

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

*Any application submitted without the required \$10.00 fee or notarization will be returned. Checks should be made payable to the City of Milwaukee. Mail to above address.*

**Legal Name:**

First Name

Middle Initial

Last Name

Suffix (Jr. Sr., etc.)

List any other names by which you have been known on official records:

Address:

Apt. #

City

State

Zip Code

Home Phone Number

( ) -

Date of Birth:

*Name of Non-profit organization for which this license will be used:*

*Name and date(s) of event:* \_\_\_\_\_

*Address of licensed location at which you expect to work if issued a temporary Class "D" Bartender's License:* \_\_\_\_\_

**I hereby state that I am an employee of, or donating my services to the above nonprofit organization.**

The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SIGNATURE \_\_\_\_\_

Notary Public, State of Wisconsin

My commission expires \_\_\_\_\_

**For Office Use Only:**

License Specialist Initials \_\_\_\_\_ Filed \_\_\_\_\_ License # \_\_\_\_\_ Issued \_\_\_\_\_